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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10562339 | <b>Applicant(s)/Patent Under Reexamination</b><br>TANOUÉ, YASUYUKI |
|   | <b>Examiner</b><br>Reena Aurora            | <b>Art Unit</b><br>2858  |

| ORIGINAL           |       |                                   |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-------|-----------------------------------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |       | SUBCLASS                          |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 396                |       | 56                                |  |  |  | G                            | 0 | 3 | B | 17 / 09 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |       |                                   |  |  |  | G                            | 0 | 3 | B | 13 / 02 (2006.01.01) |             |  |  |  |  |  |  |  |
| CLASS              |       | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 396                | 374   |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 348                | 211.2 | 333.02                            |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |       |                                   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/Reena Aurora/<br>Primary Examiner Art Unit 2858<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>11<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 _____ 3 _____ |  |
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